

[Note to the Public: The language below on “services covered” is from the current OMFS, as revised effective July 12, 2002. The Division invites comment on whether the description of “services covered” should be amended.]

§9788.2 Services Covered

(1) The Official Medical Fee Schedule applies to all covered medical services provided, referred or prescribed by physicians (as defined in Section 3209.3 of the Labor Code), regardless of the type of facility in which the medical services are performed, including clinic and hospital based physicians working on a contract basis. The Schedule shall not apply to inpatient medical services provided by employees of a health facility, medical-legal expenses authorized under Section 4621 of the Labor Code, and medical expenses payable pursuant to Section 9795 of the California Code of Regulations.

(2) Nothing contained in this schedule shall preclude any hospital as defined in subdivisions (a), (b), or (f) of Section 1250 of the Health and Safety Code, or any surgical facility which is licensed under subdivision (b) of Section 1204 of the Health and Safety Code, or any ambulatory surgical center that is certified to participate in the Medicare program under Title XIX (42 U.S.C. Sec. 1395 et seq.) of the federal Social Security Act, or any surgical clinic accredited by an accrediting agency as approved by the Licensing Division of the Medical Board of California pursuant to Health and Safety Code Sections 1248.15 and 1248.4, from charging and collecting a facility fee for the use of the emergency room or operating room of the facility. Outpatient procedures and services which are included in this fee schedule and which are provided in the emergency room or operating room of a hospital or in a freestanding outpatient surgery facility shall be reimbursed in accordance with this fee schedule.

(3) No facility except those specified in the immediately preceding paragraph may charge or collect a facility fee for services provided on an outpatient basis.

(4) Hospital treatment rooms used by physicians for providing outpatient non-emergency follow-up services are not separately reimbursable as they are included in the value of the Evaluation and Management service codes.